# HHS/CDC Global AIDS Program (GAP) in Asia Region – FY 2003



Photo: HHS/CDC GAP Asia Regional Program Office Cambodian and Thai laboratory personnel at a training course at the Thai National STD Reference Laboratory Center

The GAP Asia Regional Program includes countries with established GAP programs ("presence countries"): Cambodia, China, India, Thailand, and Vietnam. The Asia Regional Program was funded in the fall of 2002. Initial activities were carried out by existing Thailand Ministry of Public Health (MOPH) - U.S. CDC Collaboration (TUC) staff. The GAP Asia Regional Program was developed as an integrated program, residing physically and organizationally in the GAP Thailand office, which is a part of TUC. This integrated structure allows the GAP Asia Regional Program to draw on the administrative and technical resources of TUC, the Thailand MOPH, and other GAP partners, including collaboration employees with expertise in sexually

transmitted infections (STIs), tuberculosis (TB), behavioral science, microbiology, preventing mother-to-child-transmission (PMTCT), and information technology (IT).

#### The HIV/AIDS Situation in Asia

Please refer to individual country reports (Cambodia, China, India, Thailand, and Vietnam) for detailed information on the Asian regional HIV/AIDS situation.

# **About the Global AIDS Program in the Asia Region**

Year Established: 2002

FY 2003 Budget: \$1 million USD

In-country Staffing: 1 CDC Direct Hire

## **Program Activities and Accomplishments**

In FY 2003, the GAP Asia Regional Program accomplished the following achievements in the highlighted areas:

### **HIV Prevention**

- Sponsored the Thailand MOPH to conduct a 2 week laboratory training course on sexually transmitted infection (STI) diagnostic testing for Cambodian program staff.
- Provided technical input on the development of Asia Regional Program Acceleration Fund (PAF) proposals by the South East Asia and Pacific Inter-Country Team (SEAPICT). Input was provided in response to a Request for Proposals (RFP) from Atlanta's centrally-funded cooperative agreement with the United Nations Joint Programme on HIV/AIDS (UNAIDS), with the implementing agencies International Labor Organization (ILO) and United Nations Educational, Scientific and Cultural Organization (UNESCO). Two specific projects were funded: one on Private/Public Partnerships and Workplace HIV Programs in Cambodia, China, and Thailand and one on Behavior Change for men who have sex with men (MSM) in Cambodia, Thailand, and Vietnam.
- Supported 4 physicians from the Bangkok Metropolitan Administration and 2 TUC staff to travel to Vietnam for 5 days to observe Vietnam's HIV prevention outreach work with injecting drug users and to consult on transferring their experience to Thailand.

### **Preventing Mother-to-Child HIV Transmission (PMTCT)**

 Collaborated with the Thailand MOPH and TUC to conduct a 2 day meeting with 5 neighboring countries, international non-governmental organizations, and UN agencies to enhance regional engagement and share information to strengthen interventions in PMTCT.

#### **HIV/AIDS Care and Treatment**

 Participated in the mid-term assessment of the Ministry of Health (MOH) Strategic Plan for HIV/AIDS and STI Prevention and Care in Cambodia. This was a joint review by the Cambodian National Center for HIV/AIDS, Dermatology and STI (NCHADS), the CDC, the United States Agency for International Development (USAID), UNAIDS, the World Health Organization (WHO), and the British Department for International Development (DFID).

#### Surveillance and Infrastructure Development

- Supported an international trainee in Thailand's 2 year Field Epidemiology Training Program (FETP), focusing on HIV-related projects, and partially supported a program technical advisor.
- Provided technical assistance office on how to assess HIV prevalence and risk behaviors among MSM to the GAP Vietnam.
- Participated in Cambodian workshop on the Establishment of a National Network of Health Laboratories. GAP Cambodia sponsored the workshop, and the Cambodian MOH, international non-governmental organizations (NGOs), and representatives of the US Association of Public Health Laboratories (APHL) attended.
- Conducted a 3 day Epi-Info training in Bangkok. Twenty-four people from Thailand and Cambodia participated.
- Co-sponsored the "HIV Estimation and Modeling Workshop" conducted by UNAIDS and Family Health International (FHI). Approximately 40 participants from Asia and Pacific countries attended.
- Supported Thai MOPH staff in attending the Public Health Field Management and Laboratory Management workshop in the Philippines. The Thai MOPH staff attended as observers to assess the possibility of launching similar training programs in Thailand to assist other GAP programs in the Asia region.

#### **Other**

- Hosted the first GAP Asia Regional Meeting. Approximately 80 public health officials from China, Cambodia, India, Thailand, and Vietnam attended, and also officials from the GAP headquarters in Atlanta and representatives from the WHO in Geneva.
- Provided programmatic and administrative support to the start-up of the GAP office in Cambodia, through direct technical assistance by TUC staff.
- Provided operational and administrative support to the GAP Vietnam office in Hanoi.
   Meetings were held with relevant officials from the MOH, the Embassy in Hanoi, and consul staff in Ho Chi Minh City to discuss potential GAP office location, securing additional GAP staff, and related operational requirements.

## **Challenges**

- The major challenges for the Asia Regional Program in its first year centered on defining the program, prioritizing activities, and establishing administrative processes. The lack of other GAP regional programs using the integrated program model has meant that new procedures and structures had to be developed.
- The size and diversity of the Asia region is a challenge. This region encompasses half
  the world's population, including countries with vastly different demographics and a
  multitude of spoken languages. The nature of the HIV/AIDS epidemic varies greatly
  among the Asian GAP countries, making it challenging to plan regional activities that will
  be appropriate and relevant to all countries and to identify feasible multi-country
  collaborative projects.

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